

1882

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 584653

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
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32		1				
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39		1				
40		1				
41	1					
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	9					
TOTAL DEP.		28				
TOTAL CLAIMS		27				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
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96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.			3			
TOTAL DEP.				30		
TOTAL CLAIMS			3	33		

2 of 2

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CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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43		/				
44		/				
45		/				
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	30	←		←		←
TOTAL CLAIMS	34					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						